

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Surgeons Professional Association PAC

ADDRESS (number and street)

20 F St NW, Ste 1000

Check if different
than previously
reported. (ACC)

Attn: Sara Morse

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00382424

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Christian Shalgian

Signature of Treasurer

Electronically Filed by Christian Shalgian

Date

05

03

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		150747.90
(b) Cash on Hand at Beginning of Reporting Period	42410.04	
(c) Total Receipts (from Line 19)	8850.00	450579.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51260.04	601326.90
7. Total Disbursements (from Line 31)	1500.00	551566.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49760.04	49760.04
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5700.00	363286.00
(ii) Unitemized	3150.00	87293.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8850.00	450579.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8850.00	450579.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8850.00	450579.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8850.00	450579.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	6902.86	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	6902.86	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	544000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	564.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	564.00	
29. Other Disbursements.....	0.00	100.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1500.00	551566.86	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	551566.86	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8850.00	450579.00
34. Total Contribution Refunds (from Line 28(d))	0.00	564.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8850.00	450015.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	6902.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	6902.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)

W. Bandy

Mailing Address Medical Director, Trauma Service
Stormont-Vail Regional Health Cent

City State Zip Code
Topeka KS 66604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stormont-Vail Regional Health Center

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: A40D668CE18B414C9930

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kelly L. Banks

Mailing Address Suite 1200
925 Highland Boulevard

City State Zip Code
Bozeman MT 59715-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Associates of Bozeman

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 0401A250D7EA425DAEAC

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Kenneth John Boyd

Mailing Address Riddle Health Care Center II
Suite 2101

City State Zip Code
Media PA 19063-5199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riddle Health Care Center

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 864DE66EEDE44E5CADD3

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)

Marianne E. Cinat

Mailing Address Uci Medical Center
333 City Boulevard West

City State Zip Code
Orange CA 92868-3298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of CA Irvine

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: 723730F248E84B2CA3BA

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

C. Bernard Cross

Mailing Address Suite 246
44055 Riverside Parkway

City State Zip Code
Leesburg VA 20176-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: A70B42D38CA243C3A94A

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stanley J. Dudrick

Mailing Address Saint Mary's Hospital
56 Franklin Street

City State Zip Code
Waterbury CT 06706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Hospital

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 93A68EC1BF46448E9FBB

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Hamilton Gouge

Mailing Address 336 Central Park West, #12E

City

New York

State

NY

Zip Code

10025-7124

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York University Medic-
al Center

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 8EEF85D1C3AA4087BF08

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffre Duane Helmink

Mailing Address 1515 W 12th Street

City

Spencer

State

IA

Zip Code

51301-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer
NWIA Surgeons

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 42624F73997D4E3E8960

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Jay Johannigman

Mailing Address 2708 Johnstone Place

City

Cincinnati

State

OH

Zip Code

45206-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer
UC Surgeons

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: 5FC399AC627C46D7A2FA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)

Martin Andrew Luchtefeld

Mailing Address Suite 205

4100 Lake Drive Southeast

City

Grand Rapids

State

MI

Zip Code

49546-8292

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: BA29CA07407744D199E6

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Frederick Alan Moore

Mailing Address Sm 1661A

6550 Fannin Street

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas Med
School

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: F4394032BFDD4948A84A

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Patrick John Offner

Mailing Address St. Anthony Central Hospital

Trauma Service

City

Denver

State

CO

Zip Code

80204

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony Central Hospi-
tal

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 380CDAE25FEF40608331

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)

Todd Alan Pollock

Mailing Address Suite 210

8305 Walnut Hill Lane

City

Dallas

State

TX

Zip Code

75231-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer
NDPSA

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: F49F940878C04C64A4FE

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Robert A. Riehle, Jr.

Mailing Address Saugus Healthcare Strategy

304 Saugus Road

City

Spartanburg

State

SC

Zip Code

29307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spartanburg Regional Healthcare System

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 2077025A9FE042E9ACE7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

5700.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)

Matheson for Congress

Mailing Address PO Box 521048

City
Salt Lake City

State
UT

Zip Code
84152

Purpose of Disbursement
2008 General

Candidate Name
James David Matheson

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 02

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 22918-0215265154838

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00